Effective October 1, 2000				09069309			
CLAIMS AS FILED - PART I (Column 1) (Column 2)			SMALI TYPE	SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY			
TOTAL CLAIMS	s s.		RAT	E FEE		RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA	BASIC	FEE 355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS	9 minus 20=	. 0	X\$ 9	=	OR	X\$18=	
INDEPENDENT CLAIMS	7 minus 3 =		X40		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT		+135	=	OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2		TOTA		OR	TOTAL		
CLAIMS AS AMENDED - PART II						OTHER	THAN
(Column 1)	(Colu		SMA	LL ENTITY	OR	SMALL	
Total	NUM PREVI PAID	BER PRESENT OUSLY EXTRA	RATI	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
Total · / 7	Minus 🤿	CJ	X\$ 9	= .	OH	X\$18=	
Independent • /)_	Minus •••	3 = 9	X40:	=	OR	X80 ₂	774
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			+135	_		+270=	***
BEST AVAILABLE COPY				ral	OR	TOTAL	
(Column 1) (Column 2) (Column 3)							
CLAIMS REMAINING	HIGH NUM PREVII PAID	IEST IBER PRESENT OUSLY EXTRA	RATI	ADDI TIONAL FEE		RATE	ADDI- TIONAL FEE
Total · 7	Minus	20 = 0	X\$ 9	=	OR	X\$18=	
AFTER AMENDMENT Total Independent Total	Minus	15 = 0	X40=	:	OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			+135		OR	+270=	
1210 16			101		OR	TOTAL	
13-29-15 (Column 1)	(Colu	mn 2) (Column 3)	ADDIT. F	EE L	 	ADDIT. FEE	
CLAIMS REMAINING AFTER AMENDMENT Total Independent Total Total Total Total Total Total Total	HIGH NUM PREVIO PAID	BER PRESENT OUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total . 7	Minus "2	0 = 0	X\$ 9=		OR	x50	R
Independent · 5	Minus ···/	2 - 0	X40=		OR	200	~
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							2
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.			+135=		OR	4/4770 4	0
"If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20." Total OR ADDIT. FEE ADDIT. FEE ADDIT. FEE In this space is less than 3, enter "3." The "Highest Number Previously Paid For' (Total or Independent) is the highest number lound in the appropriate box in column 1.							
CORM STO. 475							

FORM PTO-675

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Application or Docket Number